

FLAG REQUEST FORM

Name: _____

Address: _____

City: _____ State: PA Zip: _____

Phone: (H) _____ (W) _____

Please neatly print the name(s) and/or message(s) that you would like to appear on the flag certificate and the specific date that you would like the flag to be flown (if applicable).

STYLE	PRICE	POSTAGE*	A.O.C.	(Total)	QUALITY	TOTAL
3x5 Nylon	\$9.00	\$3.20	\$4.05	\$16.25	_____	_____
3x5 Cotton	\$9.25	\$3.20	\$4.05	\$16.50	_____	_____
4x6 Nylon	\$13.50	\$3.20	\$4.05	\$20.75	_____	_____
5x8 Nylon	\$18.00	\$3.30	\$4.05	\$23.35	_____	_____
5x8 Cotton	\$20.00	\$4.30	\$4.05	\$28.35	_____	_____

*Note: Postage charge will differ for more than one flag. Please contact our Flag Coordinator at (202)225-2431 for the exact amount.

Shipping Address (if different from above):

Please make checks payable to **Congressman Bill Shuster Stationary Account**. Checks made out incorrectly cannot be accepted. Please allow 4-6 weeks for delivery. Prices are subject to change. If you have any questions, please contact our Flag Coordinator at (202) 225-2431.

Mail completed form and check to:

Congressman Bill Shuster
ATTN: Flag Coordinator
1108 Longworth House Office Building
Washington, DC 20515

For Office Use Only: Check#: _____ for _____ Date Sent: _____ by _____